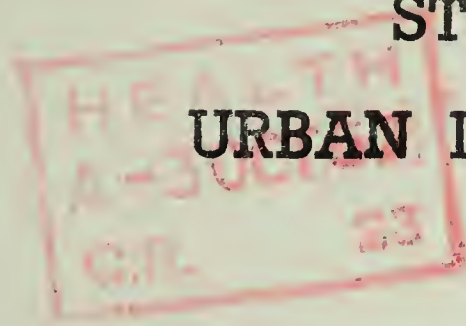


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STOCKSBRIDGE

URBAN DISTRICT COUNCIL



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ANNUAL REPORT

of the

Medical Officer of Health

for the Year

1956

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STOCKSBRIDGE URBAN DISTRICT COUNCIL

PUBLIC HEALTH COMMITTEE, 1956.

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„ J. W. ALLOTT (Vice-Chairman)

„ J. C. BATTYE

„ A. HAWLEY

„ J. P. HOLLING

„ T. HUSH

„ O. INMAN (Deceased, June 1955)

„ A. E. JACKSON

„ A. T. NEEDLE

„ A. RAINS

„ L. H. SCHOLEY

„ A. SWEENEY

„ Mrs. M. WEST, J.P. (Chairman of the Council)

STAFF OF THE HEALTH DEPARTMENT

Medical Officer of Health :

J. MAIN RUSSELL, M.B., Ch.B., B.Hy., D.P.H.

Senior Assistant Medical Officer :

J. J. SMITH, M.B., Ch.B., D.P.H.

Sanitary Inspector and Surveyor :

DOUGLAS E. ROBINSON, M.S.I.A., Cert. M. & F.I.

Additional Sanitary Inspector :

A. E. KAYE, Esq., R.S.H. Cert.

STOCKSBRIDGE URBAN DISTRICT COUNCIL

Annual Report of the Medical Officer of Health for the year 1956.

To the Chairman and Members of the Stocksbridge Urban District Council.

Lady and Gentlemen,

I have the honour to submit my Annual Report upon the Health Services of the Stocksbridge Urban District for the year ending 31st December, 1956.

In this document I have again included certain statistical details concerning the Part III services of the Local Health Authority, which indicate in some measure the extent to which those services are used within the district.

A brief glance at the tables of Vital Statistics indicates that the Birth Rate has fallen very slightly to a figure equal to that for the West Riding Administrative County, but higher than for England and Wales. The corrected rate, after application of the comparability factor, is 16.0 per 1,000 of the population. The Crude Death Rate has also fallen slightly compared with the previous year, but the corrected Death Rate, after application of the comparability factor gives a rate of 12.4 per 1,000 of the population. The Still birth Rate for the Stocksbridge Urban District fell considerably compared with the previous year, and is the same as that for the rest of the Country. The Infantile Mortality Rate, which, some say, indicates the trend of the health of the district, shows a sharp increase compared with the very low figure of last year. A rate of 17.8 per 1,000 related live births is still very much lower than the rate for the Country generally, but much too high, nevertheless. Last year's figure was only 5.8, the second lowest on record for Stocksbridge. It must be pointed out that we are dealing here with relatively small total figures, and one death can alter the rate considerably in an adverse direction. There were three deaths of children under the age of 1-year, two dying within the first week of life and one dying before the age of one month. Two deaths were due to prematurity, and one to what I would consider a preventable condition — Broncho Pneumonia.

The list of Principal Causes of Death indicates again that diseases of the heart and circulatory system were responsible for one third of all the deaths attributed to the Stocksbridge district. Malignant disease accounted for 18 deaths, and diseases of the nervous system 12.

The Infectious Disease picture for the year under review showed that there was much more infection about than in the previous year. The number of Measles cases increased, although the total number was not particularly large. We also had a fair incidence of Whooping Cough, but again not an alarming number at all. Other diseases, such as Scarlet Fever, showed a decrease and generally speaking there was nothing of any note to report.

In that part of the report dealing with Sanitary Circumstances, and prepared by Mr. Robinson, one sees that the important subjects such as Water Supplies, Sewerage and Sewage Disposal, Control and Inspection of Food Preparation Premises and the whole question of food handling have all been mentioned.

Water from the Sheffield Corporation Waterworks is supplied to all but 82 of the total number of dwelling houses in the district. As I mentioned in previous reports those 82 houses are so situated that it is impossible to get a mains' supply to the premises. They do get a supply from local private sources which we have no reason to believe are other than satisfactory, at least qualitatively. Sometimes, quantitatively, they vary.

The position with regard to Sewerage and Sewage Disposal is the same as reported by me in my report for 1955. The only new sewer extensions during 1956 have been consequent upon the completion of new housing estates. There is still part of New Road and Manchester Road to be properly sewered and again I must report my continued anxiety at the delay in proceeding with the reconstruction and extension of the Sewage Disposal Works. I understand that there is some discussion taking place between certain Government Departments and this Council concerning this project, but all those discussions mean delay, and the prolonged delay is worrying us in the Health Department. Practically all the dwelling houses in Stocksbridge (all except 62) have drainage to main sewer. Those that have not this amenity are those outlying farms and cottages which are situated well out of the reach of any main sewer.

In concluding this preamble to my report I would like to put on record my thanks to the Chairman and members of the Health Committee for their continued support throughout the year. I would also like to thank the Clerk and his staff for their helpful co-operation in the work of the Department. Mr. Robinson, my Chief Public Health Inspector and his staff I would like to thank most sincerely for their advice and help to me personally and for their excellent work for the Department. I am grateful also to Dr. J. J. Smith, Senior Assistant County Medical Officer, for her advice, help and support during the year.

I am,

Your obedient servant,

J. MAIN RUSSELL,

Medical Officer of Health.

DISTRICT STATISTICS IN BRIEF

The Stocksbridge Urban District covers an area of 4,631 acres. The number of inhabited houses at the end of 1956 was 3,495. The rateable value of the district is £63,699 whilst the product of a penny rate is £232. 17s. 4d. as at 31st March, 1956.

VITAL STATISTICS

Population

The Registrar General has given his estimation of the population as 10,320, an increase of 30 as compared with the 1955 figure.

Births

There were 169 live births registered in the district during the year. Of these 78 were males and 91 females. This is a decrease of 3 compared with last year. There were 4 illegitimate female births.

Still-Births

During the year there were 4 still-births, 2 males and 2 females. There were no illegitimate still-births.

Deaths

99 deaths were attributed to the district during 1956. This is a decrease of 1 compared with the 1955 figure. 52 male and 47 female.

Below I give tables of Live Birth Rates, Still-Birth Rates and Crude Death Rates, with those rates for other parts of the Country.

RATES PER 1,000 TOTAL POPULATION

Year	England and Wales	West Riding County Administrative	Stocksbridge U.D.
LIVE BIRTHS (Rates per 1,000 of the Population)			
1956	15.7	16.4	16.4
1955	15.0	15.3	16.7
1954	15.2	15.1	14.3
1953	15.5	15.7	14.09
1952	15.3	15.4	14.03
DEATHS (Crude Death Rate) (Rates per 1000 of the Population)			
1956	11.7	11.8	9.6
1955	11.7	11.7	9.7
1954	11.3	11.9	12.2
1953	11.4	11.6	8.41
1952	11.3	11.5	10.37
STILL-BIRTHS (Rates per 1,000 Live and Still-births)			
1956	23.0	23.1	23.1
1955	23.1	26.4	39.1
1954	23.4	25.9	39.5

PRINCIPAL CAUSES OF DEATH

Infective Diseases					Male	Female	Total
Tuberculosis	.....	.....	.....	.....	1	—	1
Syphilitic disease	.....	.....	.....	.....	1	—	1
Cancer							
Malignant neoplasm, stomach	.....	.....	.....	.....	—	1	1
Malignant neoplasm, lung	.....	.....	.....	.....	4	1	5
Malignant neoplasm, uterus	.....	.....	.....	.....	—	1	1
Other malignant and lymphatic neoplasms	.....	.....	.....	.....	7	4	11
Nervous System							
Vascular lesions of nervous system	.....	.....	.....	.....	7	5	12
Circulatory System							
Coronary disease, angina	.....	.....	.....	.....	10	4	14
Other heart diseases	.....	.....	.....	.....	3	10	13
Other circulatory diseases	.....	.....	.....	.....	—	3	3
Hypertension with Heart Disease	.....	.....	.....	.....	3	—	3
Respiratory System							
Broncho-Pneumonia	.....	.....	.....	.....	1	1	2
Bronchitis	.....	.....	.....	.....	—	4	4
Other Diseases of Respiratory System	.....	.....	.....	.....	1	1	2
Digestive System							
Ulcer of stomach and duodenum	.....	.....	.....	.....	1	—	1
Genito-Urinary System							
Nephritis and Nephrosis	.....	.....	.....	.....	1	—	1
Hyperplasia of prostate	.....	.....	.....	.....	1	—	1
Infant Deaths							
Congenital malformations	.....	.....	.....	.....	1	—	1
Other Defined and Ill-Defined Diseases					7	7	14
Violence (Suicide)					1	1	2
Accidents							
Motor Vehicle	.....	.....	.....	.....	1	2	3
Other Accidents	.....	.....	.....	.....	1	2	3
All Causes					52	47	99

AGE DISTRIBUTION OF DEATHS

					Male	Female
Under 1 year	.....	.....	.....	.....	1	2
1 to 2 years	.....	.....	.....	.....	1	—
2 to 5 years	.....	.....	.....	.....	—	—
5 to 15 years	.....	.....	.....	.....	1	1
15 to 25 years	.....	.....	.....	.....	—	—
25 to 45 years	.....	.....	.....	.....	2	3
45 to 65 years	.....	.....	.....	.....	19	6
65 years and over	.....	.....	.....	.....	28	35
					—	—
				TOTAL	52	47
					—	—

Infantile Mortality

There were 3 deaths under 1 year of age (1 male and 2 female), equivalent to a rate of 17.8 per 1,000 live births.

DEATHS UNDER 1 YEAR

Rates per 1,000 Related Live Births

			England and Wales	West Riding Administrative County	Stocksbridge U.D.
1956	.....	.....	23.8	27.1	17.8
1955	.....	.....	24.9	26.2	5.8
1954	.....	.....	25.5	28.0	34.2
1953	.....	.....	26.8	29.3	6.9
1952	.....	.....	27.6	30.0	21.1

**TABLE SHOWING AGE DISTRIBUTION OF
INFANTILE DEATHS**

Cause of Death	Under 1 week	1 to 2 weeks	2 to 3 weeks	3 to 4 weeks	Total under 4 weeks	1 to 3 months	3 to 6 months	6 to 9 months	9 to 12 months	Total under 1 year
Broncho-Pneumonia	1	—	—	—	1	—	—	—	—	1
Prematurity	2	—	—	—	2	—	—	—	—	2
Total	3	—	—	—	3	—	—	—	—	3
1955	1	—	—	—	1	—	—	—	—	1
1954	4	—	1	—	5	—	—	—	—	5
1953	1	—	—	—	1	—	—	—	—	1
1952	2	—	—	—	2	1	—	—	—	3

Maternal Mortality

There were no maternal deaths during 1956.

Epidemic Diseases

There was one death in the Epidemic Diseases (other than Tuberculosis) Group during the year.

Inquests

Inquests were held on 9 occasions and in 21 cases the cause of death was certified by the Coroner after Post Mortem Examination without Inquest.

PREVALENCE OF, AND CONTROL OVER INFECTIOUS AND OTHER DISEASES

Infectious Diseases other than Tuberculosis

During the year 199 cases of Infectious Disease were notified. They were distributed as follows :—

	Notifications	After Correction
Measles	120	120
Scarlet Fever	10	10
Whooping Cough	58	58
Pneumonia	2	2
Meningococcal Infection	4	4
Food Poisoning	1	1
Dysentery	4	4
	<hr/> 199	<hr/> 199

ATTACK RATE OF COMMONER INFECTIOUS DISEASES

Disease	England and Wales	West Riding Administrative County	Stocksbridge U.D.
Scarlet Fever	0.74	0.92	0.96
Pneumonia	—*	—*	0.19
Measles	3.59	2.03	11.62
Whooping Cough	2.07	2.64	5.62
Meningococcal Infection	0.03	0.04	0.38
Poliomyelitis (including Polioencephalitis) Paralytic	0.04	0.02	0.00

* Figures not available.

DISTRIBUTION OF INFECTIOUS DISEASES BY AGE GROUPS

DISEASE	TOTAL											
	0—1 yr.	1—2 yrs.	2—3 yrs.	3—4 yrs.	4—5 yrs.	5—10 yrs.	10—15 yrs.	15—25 yrs.	25—35 yrs.	35—45 yrs.	45—65 yrs.	65 yrs. and over
Measles	4	7	10	18	15	66	—	—	—	—	—	—
Scarlet Fever	—	—	—	—	1	6	3	—	—	—	—	—
Whooping Cough	4	10	7	7	8	22	—	—	—	—	—	—
Acute Pneumonia	—	—	—	—	—	—	—	1	—	—	—	1
Dysentery	—	—	—	—	—	2	1	—	1	—	—	—
Meningococcal Infection	1	1	—	1	1	—	—	—	—	—	—	—
Food Poisoning	—	—	—	1	—	—	—	—	—	—	—	—
TOTALS	9	18	17	27	25	96	4	1	1	—	—	1
												199

Scarlet Fever

There were 10 cases of Scarlet Fever notified during the year under review. This is less than half the number notified during 1955. The attack rate of 0.96 compares very favourably with that for the Country generally. The level of incidence remained more or less constant throughout the year — first quarter 5, second quarter nil, third quarter 2, fourth quarter 3. So far as I am aware, all cases were of a comparatively mild type, and no report of any resultant morbidity was received.

Diphtheria

For the eleventh year in succession no case of Diphtheria was notified in your district. It appears that this disease is now safely under control and one cannot doubt the part played by immunisation. It is not denied that other factors are involved, but the falling off in the number of cases and of the number of deaths since the introduction of immunisation is too obvious to be ignored.

Facilities for Diphtheria immunisation still exist at all Clinics and at times in certain Schools, during School Medical Inspections. Alternatively, the protection can be obtained at General Practitioners' Surgeries. Whether it be Clinic, School, or surgery, is not important so long as every child receives a dose of the protective antigen before reaching the first birthday, and a reinforcing dose on commencing School.

During the year in this district there were 123 children who received primary protective treatment — 94 of these children were under the age of 5 years and 29 between the ages of 5 and 15 years. 70 children received "booster" doses of the antigen on entering School.

Measles

The number of cases notified during the year was 120, an increase of approximately 73% over the 1955 figure. This was a small epidemic which commenced in the last week of the first quarter, when 7 cases were notified. It reached its peak during the high summer, when 110 notifications were received. The district had an attack rate of 11.62, which was rather higher than the rate of 3.59 for England and Wales and 2.03 for the West Riding Administrative County. The districts affected were Deepcar and Stocksbridge.

The age group principally affected was the 5 to 10 years group, with 66 cases. The remainder were under 5 years of age.

I must again emphasise that a case of Measles is a dangerous case, not only to the patient, but to any other susceptible type with whom the patient comes in contact. It is not uncommon to hear a Mother say that her child has Measles, but is not really poorly and just will not stay in bed. The child has got outside and mixed with other children. In these days of large compact housing estates, where the tendency is for large groups of children to play together, a susceptible contact is at considerable risk. Measles is a highly infectious disease and I appeal to parents and guardians of young children to get medical advice if ever a child has any indication of illness ; and having sought that advice, to abide by it and take all the necessary precautions.

Whooping Cough

During the year we had 58 cases of Whooping Cough, a considerable increase on the 1955 figure, when only 2 cases were notified. The attack rate of 5.62 compares not unfavourably with that for the rest of the Country. The outbreak commenced in the first quarter of the year, with 11 cases, reaching its peak, with 34 cases in the second quarter, and falling off in the third quarter, when only 12 notifications were received. One further case occurred in the fourth quarter of the year. The district of Deepcar had 27 cases and Stocksbridge 31. There were no deaths.

What I had to say about Measles being highly infectious similarly applies to Whooping Cough. However, unlike Measles, steps can be taken to combat Whooping Cough. Protection can be obtained by immunisation. Children can be immunised either at the Child Welfare Clinic, by having three successive injections at monthly intervals, or they can see their family Doctor, who may be prepared to give them the combined Diphtheria and Whooping Cough antigen. It is becoming increasingly apparent, albeit slowly, that parents are realising immunisation is one effective method of controlling Whooping Cough. In Stocksbridge during 1956, 20 children were immunised against Whooping Cough, an increase of 15 over the figure for 1955.

Poliomyelitis

There were no cases of this disease notified during 1956. You will recall that in my report for 1955 I mentioned that the Medical Research Council were producing a vaccine similar in type to the Salk Vaccine used in America, and that it was expected to be available for use amongst selected groups of children early in 1956.

A scheme for vaccination against Poliomyelitis was inaugurated at the beginning of the year. In view of the limited quantity of vaccine available and the short time given for the organisation of the first stage of the scheme, it was found that only certain children could be allowed to participate in this venture. The age group laid down was for children born between 1947 and 1954 inclusive. Forms of consent were distributed for children in the above age group, and notices were placed in the local newspapers asking parents to apply for forms of consent in respect of any of their children born in the years stated who had not received explanatory leaflets. In response to this request well over 3,000 applications were received from the Division and the figures sent to the Ministry. In the meantime record cards were made out for each child in the various sex and age groups.

At the beginning of May the Ministry informed me that those children selected to be vaccinated were those born in November of each of the years 1947 to 1954, and in March of each of the years 1951 to 1954. The reserve month was to be August, 1947 to 1954. A supply of vaccine was received shortly thereafter. The second issue of Poliomyelitis Vaccine was made at the beginning of June. A small part was required to complete the second injections of the children who had already had first injections. The selected months for this issue were August, 1947 to 1954 and October, 1951 to 1954, the reserve month being May, 1947 to 1954. I append below statistics relating to the Stocksbridge district :—

Children originally registered in March, 1956	425
Number vaccinated	49
Postponed (through illness, etc.)	7
Absent	2

Vaccination Against Smallpox

There were 31 persons vaccinated during 1956, 30 of them under 1 year of age and 1 between the ages of 1 and 2 years. It does seem that the continued absence of smallpox in epidemic form has created a sense of complacency towards the dangers of this disease. Unless a high degree of vaccination and re-vaccination is maintained there is bound to be a fall in the level of immunity amongst the population.

The “acceptance rate” for infant vaccination varies considerably throughout the Country, but the average figure for England and Wales as a whole has been increasing, and the last recorded figure I have was one of 36.4 in the year 1955.

I have no comparable figure as yet for 1956 for England and Wales, but the most important fact from my point of view is that the "acceptance rate" for Stocksbridge for 1956 was only 17.54. (As a matter of comparison the rate for the West Riding Administrative County for 1956 was 26.04). This is a long way from being what I would call a safe rate to maintain that level of immunity which is desirable. I do hope that parents and guardians of infants will realise that it is still very important to have the baby vaccinated against Smallpox, if possible before the child reaches the age of 6-months, and certainly before reaching the age of 12-months.

Food Poisoning

There was one case of Food Poisoning reported during the year and 4 cases of Dysentery, a disease allied to Food Poisoning. The former case occurred in a boy aged 3 years, who was admitted to the City General Hospital and later transferred to Lodge Moor Isolation Hospital. The final diagnosis was confirmed as an infection by one of the Salmonella type organisms, e.g. Typhimurium. The child was in Hospital for just four weeks and made a good recovery. A thorough investigation was carried out in an effort to ascertain the origin of the infection, but the time lag between the onset of the symptoms and this Department being notified was too great to allow for any useful enquiries. The main causes of Food Poisoning today are bacterial ; organisms of the ordinary Blood Poisoning Group, the Dysentery Group and the Typhoid Group are the principal offenders. No one can suffer from this type of Food Poisoning who has not swallowed the germ. Germs are transmitted from the infected person by :—

- (1) moisture from the nose and throat, e.g. in cases of Septic Tonsillitis ;
- (2) from septic foci on hands and arms, faces, etc.;
- (3) through the bowel contents and occasionally the urine contents, e.g. Dysentery, Typhoid, and its allied organisms.

Food Poisoning, therefore, is a type of infection which is eminently preventable. If everyone adopted strict attention to personal hygiene there would be very few cases of Food Poisoning. If a case of Food Poisoning has got to be investigated epidemiologically, it is essential that the Medical Officer of Health knows about the case at once. Twenty-four hours delay is sometimes too late. I do not consider it is enough to

leave it to the General Practitioner to notify the Medical Officer of Health. The head of the house in which the infection occurs should be encouraged to report to the Health Department when any symptoms like those of Food Poisoning are prevalent within the home.

Tuberculosis

During the year 8 cases of Tuberculosis were notified, 6 Pulmonary and 2 Non-Pulmonary.

Age Group	Respiratory		Non-Respiratory	
	M.	F.	M.	F.
0 — 5 years	—	—	—	—
5 — 15 years	—	—	—	—
15 — 30 years	—	2	1	1
30 — 45 years	—	1	—	—
45 — 65 years	1	1	—	—
65 years and over	—	1	—	—
TOTAL		5	1	1

At the end of the year on the Tuberculosis Register there were 97 cases, 66 Pulmonary (36 male, 30 female) and 31 Non-Pulmonary (16 male, 15 female). No action was taken under the Public Health (Prevention of Tuberculosis) Regulations, 1925 and under Section 172 of the Public Health Act, 1936. During the year 4 cases were removed from the register, 2 cured, 1 died, and 1 left the area. Six cases were admitted into Sanatorium or Hospital, and there were 10 discharges.

I am happy to report of the continued good relations existing between my Department and that of the Chest Physician in Barnsley. The Tuberculosis Health Visitor, whose work includes attendance at the T.B. Clinic and visiting Tubercular households and contacts, was called up for Military Service during August, and consequently it was necessary to reorganise the work. In this emergency most of her duties were undertaken by the general Health Visiting staff, and it is pleasing to note that there was no disruption of the service.

B.C.G.

As I mentioned in my 1955 report, a scheme for vaccination of the 13/14 year old children with B.C.G., against Tuberculosis, was commenced. Work has continued apace with this scheme and in 1956, 55 children in the 13/14 year old age group were given the Mantoux Skin Test. Of these, 37 were found to have negative results and, therefore, received an injection of vaccine. In addition 45 children who had received B.C.G. Vaccination in 1955 were re-tested and found to have converted successfully.

Health Education

This subject is a most important factor in the Public Health Department's work, and every opportunity is taken to talk to groups of people on health matters. Health Education is more than a slogan on a hoarding or a pamphlet containing humorous drawings. It is a question of common sense and a little gentle reasoning on the part of the individual.

One aspect of Health Education very much uppermost in our minds at the moment is that of accidents in the home. It seems remarkable that until comparatively recently very little has been said about this problem. I use the word "problem" advisedly, since based on the most recent figures approximately 7,770, or 41.7% of all accident deaths in Great Britain in 1955 were due to accidents in the home. In England and Wales there were 6,650, and of those 5,512 were people over the age of 65 years. Another significant fact is that of these 5,500 old people, 4,670 died as a result of falls. We are all familiar with the problem of accidents on the road and of the comparatively intensive propaganda in the interests of road safety — and I consider it is very necessary. How much more interest, therefore, should we have in home accidents, when the latest figures that I have tell us that every day approximately 16 people die as a result of accidents in some form of travel (14 on the roads) and 24 in accidents in and around the home (17 inside the home)! Public opinion must be aroused, and to this end I am doing everything I can to encourage those in the Home Nursing Service to talk to those elderly persons who are receiving Home Nursing attention about the dangers of home accidents. The Health Visiting Service already does a great deal towards this end, but they do not, and cannot get into every home.

In the Stocksbridge Urban District during 1956 there were two deaths which were attributed to accidents in the home.

NATIONAL ASSISTANCE ACT, 1948.

There was no occasion to use the provisions of Section 47 of the National Assistance Act, 1948, or the Amendment Act, 1951, during the period under review.

GENERAL PROVISION OF THE HEALTH SERVICES.

Hospitals

The Sheffield Regional Hospital Board are responsible for the provision of the Hospital services covering the district. Cases of Infectious Disease are admitted to Lodge Moor Hospital, Sheffield, and on occasion to the Kendray Hospital, Barnsley. General cases are admitted to the Sheffield group of Hospitals, and probably one or two may be admitted to the Beckett Hospital at Barnsley. Hospitals are reasonably convenient to the district.

Special Clinics

In the British Hall premises special Clinics are held for minor ailments amongst School children, Eye Clinics, Speech Therapy Clinic, Group Training for mental defectives, and special Clinics for B.C.G. and Poliomyelitis Vaccination, etc., although I should point out here that we have still not received a replacement for the Speech Therapist who resigned during 1955.

The Friday morning session by Miss Porter, the Home Teacher of mental defectives, is still doing good work, and anything from 8 to 10 children attend and seem to enjoy the experience.

The Ophthalmologist conducts his special Consultant Clinics at regular intervals, when those children referred by the School Medical Officer are seen. During 1956 there were in all 37 new cases seen by this Specialist at four sessions in the Stocksbridge Urban District. Altogether 81 patients attended. Glasses were prescribed in 48 instances through the School Health Service.

Laboratory Services

Laboratory services which we can use are available at Wakefield, Barnsley and at the City General Hospital, Sheffield. Each of those Laboratories has a Medical Director who is available to give advice and help in the investigation of any problem requiring Laboratory services.

Ambulance Service

The district is covered by the service operated from the Depot in Hoyland. The vehicle situation has remained unchanged during the year, there being seven vehicles, six of them radio controlled. The vehicle availability, however, is much improved. This is due to the installation of a radio transmitter at the Depot. This dispenses with the previous system of communication, which was by land line to Birkenshaw. Thus the Depot can call on approximately 15 to 20 vehicles from the sister fleets based on Wath and Maltby.

Clinics

The following are some details of Clinics and ancillary services provided by the Local Health Authority :—

Tuberculosis Clinics

There is a Tuberculosis Clinic held every Monday afternoon in a room at the rear of the Town Hall, at which the Chest Physician or his deputy attends with his staff, including the Tuberculosis Health Visitor. This Clinic is more or less in the form of an advisory Clinic, where patients can consult with the Chest Physician, and probably receive minor investigation. Any fuller investigations, of course, are carried out at the full time Central Clinic, which is in Barnsley, where the Chest Physician, Dr. H. A. Crowther, is always in attendance. There is also a Clinic in Penistone on the first and third Thursday afternoons of each month.

Mobile Clinic

As I mentioned in my last report, one of my concerns was the provision of Clinic facilities for those families living in scattered communities, such as Bolsterstone and Ewden. A Mobile Clinic has now been provided by the West Riding County Council for South Yorkshire, and it is based at Ewden at fortnightly intervals, on Friday afternoons. This service commenced in August.

The Clinic is a Caravan drawn by a Land Rover, and is equipped to give a service to expectant and nursing mothers and young children. A Health Visitor is in charge who takes every opportunity to teach health education.

One of the features of the Clinic is the use of the Land Rover to bring to the Caravan those Mothers who have difficulty in reaching Ewden.

The number of children who attended the Clinic for the first time was ten, the total number of attendances being 34.

A Child Welfare Clinic is held every Tuesday afternoon in the British Hall. At these sessions babies are weighed, immunisations against Diphtheria and Whooping Cough, and vaccination against Smallpox are carried out. Advice on all health matters is given. Expectant Mothers are seen before the Child Welfare Clinic commences. The Medical Officer at the Clinic is Dr. Patterson. Mrs. Dransfield, the Assistant Health Visitor, is assisted by Mrs. Laycock, who is a part-time Nurse.

During 1956 116 babies were brought to the Clinic for the first time, and the total number of attendances made was 1,723.

Once again I must express my thanks to the ladies of the Voluntary Committee for their services at the Clinic during the year in the distribution of Welfare Foods, keeping of Registers, weighing of babies and other duties.

Health Visiting

I regret to report that during the year there was a serious shortage of staff in the area due to the resignation of Mrs. Keaney in July and Miss Willett in October. To maintain the service I used Health Visitors from other areas and employed a part-time Nurse.

The staff with effect 31/5/57 is :—

Name	Address	Telephone No.
Miss K. Gregory	20, Don Avenue, Sheffield, 6.	Sheffield 43690.
Mrs. H. Dransfield (Assistant)	48, Ridal Avenue, Garden City, Stocksbridge.	Stocksbridge 2214.
Mrs. M. A. Laycock (Part-time)	6, Unsliven Road, Stocksbridge.	

The work of the Health Visitor is varied. She visits the family as a whole and not just one particular member of it. A problem in the home affects all members. The Health Visitor undertakes the general supervision of the expectant and nursing Mothers and young children ; she provides information on the home background of families to the Hospitals, and supervises the Home Help Service. She forms part of the School Medical Inspection team, where her knowledge of the children, and the families from which they come, is of great value to the School Medical Officer.

One aspect of the Health Visitor's work which is increasing is this provision of home background reports to the Hospitals, so that all environmental factors are considered by the Hospital Medical Staff before deciding upon a course of action or treatment for the benefit of the patient. In addition, the Hospital Almoners pass on valuable information to the Health Visitors to help them with the families on the district.

The Health Visitors, both in the homes and the Clinics, endeavour to give advice on all matters relating to health.

During the year the Health Visitors in Stocksbridge made 3,522 visits to the homes.

Home Nursing

The service in Stocksbridge is provided by one Home Nurse and one Home Nurse/Midwife, who are both fully equipped and mobile.

Name	Address	Telephone No.
Miss D. Webb	"Brent Knoll", Royd Lane, Deepcar.	Stocksbridge 3165
Mrs. A. M. Armitage (Commenced duty 1/5/56)	118, Manchester Road, Deepcar.	Stocksbridge 2294

I commented in my report for 1955 on the staffing problem in relation to the Home Nursing Service in the district. It was mentioned that one Nurse was wholly inadequate for the growing needs of a community the size of Stocksbridge. The situation resolved itself when the District Nurse/Midwife at Penistone asked if she could be transferred to fill the vacancy caused by the retirement of one of the Midwives, Miss A. Burrows. The request was granted and Mrs. Armitage took up her combined duties during the late Spring. The functions of a Home Nurse are to provide as near as possible, in the home that service which a patient would get from a trained Nurse in Hospital. A Home Nurse can relieve a busy General Practitioner of much of his work in that respect, and more and more General Practitioners are beginning to realise the value of a good Home Nurse and she has rightly taken her place as a most essential functionary in the Health Service. During the year these Nurses made a total of 4,864 visits, an increase of 952 on the previous year.

Midwifery Service

The Midwifery Service is covered by the undermentioned staff :—

Name	Address	Telephone No.
Miss R. Crossley	“Walderscroft,” Hollin Busk Road, Deepcar.	Stocksbridge 3135
Miss A. Burrows (Resigned 31/1/56)	Hill View, Rundle Road, Stocksbridge.	Stocksbridge 2189
Mrs. A. M. Armitage (Commenced duty 1/5/56)	118, Manchester Road, Deepcar.	Stocksbridge 2294

During the year under review there was a change in the personnel due to the retirement at the beginning of the year of Miss Burrows. It is fitting at this juncture to place on record our appreciation of the years of service Miss Burrows has given to the township, and no doubt many Mothers, and perhaps Fathers have cause to be grateful to this lady. We wish her many years of happiness and good health in her retirement.

In welcoming Mrs. Armitage to the district I would mention that we are getting a highly qualified and experienced Nurse, who is combining the duties of both Home Nurse and Midwife.

The number of cases of domiciliary confinements continues to drop. In 1956 there were 59 cases, compared with 63 in the previous year. Of these 59 cases, 53 were attended by the Nurses in their capacity as Midwives and 6 as Maternity Nurses. Each Nurse is qualified to use, and possess a machine for the administration of Gas and Air Analgesia, but only 15 out of the 59 cases availed themselves of the opportunity of this service.

I should perhaps mention that both Nurses are fully equipped and mobile, and in an emergency can call upon outside specialised assistance. An example of such a service is a unit of the Regional Blood Transfusion Service. During 1956 it had to be used in one case in the Stocksbridge district with satisfactory results.

Domestic Help Service

During the year the Domestic Help Service provided help and comfort in homes where there was sickness and where the General Practitioner or the Health Visitor was of the

opinion that a real need existed. The type of cases dealt with were much the same as in previous years, but the majority of help was given to the aged and infirm who, although not necessarily confined to bed, were unable to carry out their own domestic duties.

Once again these ladies have done an excellent job, and no praise is too high for them. The care and devotion they lavish on their aged patients has to be seen to be believed. It is not unknown for the Home Help to return during the evenings to see that everything is comfortable for the night. Neither is it unusual for a patient in Hospital to have a visit from the kindly Home Help. It is a wonderful experience to meet these examples of good neighbourliness, and to find that there is still this desire on the part of so many to help and comfort others who are less fortunately placed than themselves. These evening visits and Hospital visits do not come within the terms of the duties of Home Helps — they do not get paid for it, but I am sure they receive very much more in the knowledge that they have been able to bring some joy to the patient, which is sure to have some bearing on his or her ultimate recovery. Once again I want to put on record my grateful thanks to the service these Home Helps give throughout the district.

During 1956, a total of 8,820 Domestic Help hours were provided in the Stocksbridge Urban District. In all 17 Domestic Helps were employed, attending the homes of 49 cases. Of this total 27 were continuing cases from 1955, the remainder being new ones.

The types of cases where the Domestic Help Service was made available are classified as follows :—

Maternity Cases	.....	.....	.....	.....	5
Tuberculosis	.....	.....	.....	.....	1
General Cases, over 65 years	.....	.....	.....	.....	38
General Cases, under 65 years	.....	.....	.....	.....	5
Others	.....	.....	.....	.....	—
					—
TOTAL					49
					—

Distribution of Welfare Foods

The scheme for the distribution of Welfare Foods continued during the year. No difficulties arose at any time and I should like to take this opportunity of thanking the staff responsible for its administration, and especially the voluntary workers, and to say that at no time has there been any complaint regarding this service.

The general public are now well aware of the days and times when the Welfare Foods can be obtained, and I append below a table showing the Distribution Centres covering the whole Division.

As you are aware, these commodities can be obtained at any Centre, and not necessarily the ones established in the district.

Address of Premises	Days	Times
STOCKSBRIDGE URBAN DISTRICT Child Welfare Centre, British Hall, Stocksbridge.	Tuesday Friday	10—12 a.m. 1-30—3-30 p.m. 10—12 a.m.
PENISTONE URBAN DISTRICT. Child Welfare Centre, Shrewsbury Road, Penistone Mr. A. Dyson, Town End, Thurlstone	Monday During Shop Hours	2—4 p.m.
PENISTONE RURAL DISTRICT. Child Welfare Centre, Golf Club, Cawthorne, Private House and Shop, Mrs. Laycock, Crag Lyn, Thurgoland. Stocksbridge Co-op, Crane Moor, Sheffield.	Wednesday On application at House or Shop (except Sundays) During Shop Hours	1-30—3-30 p.m.
HOYLAND NETHER URBAN DISTRICT. Child Welfare Centre, Church Schoolroom, Hoyland Common Child Welfare Centre, Miners' Welfare Hall, Hoyland	Thursday Tuesday	2—4 p.m. 11—12 a.m. 2—4 p.m.

Address of Premises	Days	Times
WORTLEY RURAL DISTRICT Clinic, Parish Hall, Oughtibridge	Thursday	2—4 p.m.
Clinic, Brightholmlee Chapel, Wharncliffe Side.	Alternate Tuesdays	2—4 p.m.
Clinic, Memorial Hall, Worrall.	Alternate Tuesdays	2—4 p.m.
Child Welfare Centre, Miners' Welfare Hall, Chapeltown	Wednesday	11—12 a.m. 2—4 p.m.
Clinic, Methodist Chapel, High Green	Tuesday	2—4 p.m.
Clinic, Gatty Memorial Hall, Ecclesfield	Monday Thursday	2—4 p.m. 2—4 p.m.
Child Welfare Centre, Scout, Hall, Grenoside	Thursday	2—4 p.m.
Child Welfare Centre, Scout Hall, Tankersley	Alternate Mondays	2—4 p.m.
Child Welfare Centre, St. Paul's Inst., Wheata Road, Sheffield, 5	Tuesday	1-30—3-30 p.m.
Child Welfare Centre, Knowle Top, Stannington.	Wednesday	2—4 p.m.
Child Welfare Centre, Congregational Church, Loxley.	Alternate Tuesdays	1-30—3-30 p.m.

As a matter of interest there was issued in the Stocks-bridge Urban District during the twelve months ended 31st December, 1956, the following commodities :—

National Dried Milk, — 4,602 tins.

Cod Liver Oil, — 1,245 bottles.

Vit. A & D Tablets (pkts. of 45), — 450 packets.

Orange Juice, — 6,009 bottles.

SANITARY CIRCUMSTANCES — 1956

(Prepared by Mr. Robinson)

Nuisances

Table showing the number and type of nuisances found and action taken during the year.

Blocked Drains	76
Blocked or Defective Sink Wastes	16
Blocked or Defective W.C.'s	14
Defective Dust Bins	17
Defective Roofs, Eaves, Gutters and Fall Pipes	16
Dampness — various causes	15
Defective Floors	2
Miscellaneous	3
	<hr/>
	159
Nuisances brought forward from 1955	3
	<hr/>
Total needing abatement	162
Abated during 1956	160
	<hr/>
Outstanding December 1956	2
	<hr/>
Informal Notices served	84
Informal Notices complied with	82

Closet Accommodation

The closet accommodation at the end of the year consisted of :—

74 privies and 3,663 water closets.

No privies were converted to the water carriage system and the four outstanding notices concerning 7 privies remain undealt with.

Public Conveniences

The new conveniences at Bolsterstone, which were built with stone walls and grey slate roof to harmonise with the neighbouring buildings, are now in use.

The general accommodation has been much improved and extended since the end of the war and the district is now reasonably well served as the following list of conveniences shows :—

- Half Hall, Manchester Road.
- Langsett Terrace, Manchester Road.
- The Central Car Park, Manchester Road.
- Memorial Grounds, Manchester Road.
- Vaughton Hill, Deepcar ; Oxley Park ; Bolsterstone.

Refuse Collection

This service involves collection of household refuse from 3,236 dust bins, 74 privies and 18 dry ashpits and there has been no change in the method of collection since last year when it was reported that the eastern area is covered by a Karrier Bantam and the central and west area by a Karrier C.K.3. Both vehicles are getting somewhat aged and early replacement will have to be considered. Disposal of refuse is by controlled tipping and Pot House Tip was used through the year.

Salvage

The contract with Messrs. Thames Board Mills was continued and the following sales were made :—

					Weight			Value		
					T.	C.	Q.	£	s.	d.
Mixed Waste	.....	.....	.....	.....	10	10	3	74	4	2
Magazines	.....	.....	.....	.....	14	0	0	121	8	9
Newsprint	.....	.....	.....	.....	31	4	1	314	17	0
Totals					55	15	0	510	9	11

A partial separation of food tins is made at the tip and these are collected unbaled.

Food

Milk. There are 9 Registered Milk Retailers in the district. One pasteurising plant is licensed under the Milk (Special Designation Pasteurised and Sterilised) Regulations 1949. One Dealers licence is in force in respect of Tuberculin Tested Milk under The Special Designation (Raw Milk) Regulations 1949.

Ice Cream

No ice cream is manufactured locally. Three licences for the sale only of ice cream were granted during the year bringing the total of premises so licensed to 31.

Inspection

104 inspections of registered premises were made.

Meat

Two private slaughter houses were in use during the year and these were well maintained.

176 visits were paid and the carcasses of 241 beasts, 224 pigs and 489 sheep were examined.

The number of animals slaughtered locally is falling, due perhaps to the lack of skilled slaughtermen and the convenience of the wholesale meat markets.

The following table shows the diseased conditions found and the meat and/or organs surrendered and destroyed.

Disease	Animal	Entire Carcase	Udder	Parts Surrendered			
				Head	Lungs	Liver	Mesentery
Generalised Tuberculosis	Beasts	3					
Localised Tuberculosis	Beasts		1	10	12	3	3
Localised Tuberculosis	Pigs			5	3	3	2
Fluke Disease	Beasts					4	
Abscesses	Beasts				1	5	1

Other Foods

The following list shows unsound foods surrendered and destroyed by incineration :—

Canned Meats	.....	.....	81 lbs.	8 ozs.
Canned Fish	.....	.....		3 $\frac{3}{4}$ ozs.
Canned Fruit	.....	.....	68 lbs.	5 $\frac{1}{2}$ ozs.
Canned Vegetables	.....	.....	3 lbs.	5 $\frac{1}{2}$ ozs.
Canned Milk	.....	.....	45 lbs.	15 ozs.
Canned Soup	.....	.....	24 lbs.	13 $\frac{1}{2}$ ozs.
Sausage	.....	.....	22 lbs.	0 ozs.
Flour	.....	.....	48 lbs.	0 ozs.
Bacon	.....	.....	4 lbs.	0 ozs.
Cured Fish Fillets	.....	.....	12 lbs.	0 ozs.
				<hr/>
				324 lbs. 3 $\frac{1}{4}$ ozs.
				<hr/>

About 12 cwts. of similar stocks were examined and found satisfactory.

Food Premises

The number and type of food premises in the area including sales shops is as follows :—

Bakeries	.....	.....	.....	.....	.....	3
Canteens and Cafe	.....	.....	.....	.....	.....	4
Fish Fryers and Wet Fish Salesmen	.....	.....	.....	.....	.....	7
General Grocers	.....	.....	.....	.....	.....	10
General Grocers including bread and confectionery	.....	.....	.....	.....	.....	40
General Grocers including bread confectionery and meat	.....	.....	.....	.....	.....	2
Sugar Confectionery	.....	.....	.....	.....	.....	8
Butchers	.....	.....	.....	.....	.....	15

Water Supply

Stocksbridge's water is supplied and distributed by the Sheffield Corporation. Of the 3,495 houses in the district 3,413 have a public supply.

Rodent and Insect Control

A 10% test of the district sewers was carried out and no takes were recorded. Some minor rodent infestations were found on business premises and dwellings and advice and assistance with the necessary treatment was given to the occupiers. Two instances of cockroach infestation were found and dealt with. The Council's tip and Sewage Works have been reasonably free from infestation.

Disinfection

Premises were disinfected in eleven instances after infectious diseases.

Housing

New Houses Completed

(a)	By Local Authority—Stubbin Estate	.....	29
	Stubbin Estate (Flats & Shops)	.....	4
	Ridal Avenue (One Bedroom Flats)	.....	12
			<hr/>
			45
(b)	By Private Enterprise	.....	23
			<hr/>
			68
			<hr/>

Closure of Houses

Representations made in respect of two dwelling houses unfit for habitation. In one instance the house has been demolished and in the other case an undertaking not to use the house for human habitation was accepted.

Relief of Overcrowding

In the letting of the Council's houses 4 cases of overcrowding concerning 28 persons were dealt with.

Repair and Reconditioning

Eight dwellings were rendered reasonably fit in consequence of informal action by the Local Authority.

Improvement Grants

During 1955 and 1956 application for improvements grants were made namely for the installation of bathrooms and improvement of kitchen facilities.

In 1955 seven such applications, all by owner occupiers, were granted and the value of the grants totalled £1,121 11. 11.

In 1956 twenty applications were granted, twelve from owner occupiers and eight in respect of tenanted houses. The value of the grants in 1956 was £2,429. 10. 0.

Loans for House Purchase

The following table shows the number and value of loans granted for house purchase since 1952 :—

Year Ended 31st March	Number of Loans Granted			Total Value of Loans
	New Houses	Existing Houses	Total	
1952	3	1	4	£3,060
1953	1	2	3	£2,270
1954	9	5	14	£11,427
1955	8	15	23	£18,504
1956	6	18	24	£15,740
1957	9	23	32	£21,954

New Buildings and Development 1956

Proposals submitted for Approval

	Approved	Dis- approved	Total
Garages	88	—	88
Garden Sheds, Coal Stores, and Porches	22	—	22
Sanitary Conveniences	24	—	24
Store Sheds	6	—	6
Offices and Works Extensions	15	—	15
New Dwelling Houses	15	—	15
Dwelling House Extensions	6	—	6
Overhead Lines Y.E.B.	5	—	5
Conservatories	2	—	2
Advertisement Signs	3	—	3
Classrooms	3	—	3
Site for Flats	1	—	1
Sales Shop	1	—	1
Caravan Site	1	—	1
Vicarage	1	—	1
Change of Use	2	—	2
Loading Bay	1	—	1
Car Parks	2	—	2
Petrol Sales Kiosk	1	—	1
Advertisement Signs	—	1	1
Garages	—	4	4
Caravan Site	—	1	1
Dwelling Houses	—	2	2
Total	199	8	207

Hibbert, Ashton, & Youel, Ltd.
12, Market Street — Barnsley.

